



Request for Public Records City of Sandy Springs

Name of Requester (Print) _____

Address: _____

Phone: _____

Email: _____

Pursuant to O.C.G.A. 50-18-71 et seq., I am formally requesting to inspect these specific public records.

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia law. Such costs may include copying charges of \$.10 per page and administrative charges for search, retrieval, and other direct administrative costs. Administrative charges shall not to exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, has the necessary skill and training to perform the request. **A written response to this request will be sent no later than three business days following receipt of this request by the custodian of records**

Signature of Requester: _____

Send your request via email to: mcasey@sandyspringsga.gov or facsimile to (770) 206-1420

*Requests can be mailed to:
City Clerk's Office
City of Sandy Springs
7840 Roswell Road, Bldg 500
Sandy Springs, GA 30350*

CITY CLERK